

**FILED OCT 9 1944**  
 Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County **JACKSON**  
 (b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**7314 VIRGINIA AVENUE**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community **2 YEARS**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **JACKSON**  
 (c) City or town **KANSAS CITY** **48**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **7314 VIRGINIA AVENUE**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **MRS. MOLLIE E. DYER**  
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **SEPT.** day **22<sup>ND</sup>**  
 year **1944** hour **2** minute **54 P. M.**  
**21. I hereby certify that I attended the deceased from**  
**Apr. 13** ~~1944~~ **Sept. 27** ~~1944~~  
 that I last saw ~~her~~ **her** alive on **Sept. 21** ~~1944~~  
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
 6. (b) Name of husband or wife **MR. SIMPSON CARL DYER** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **JANUARY 6 1858**  
(Month) (Day) (Year)

Immediate cause of death **Harding myocardium**  
**Old age**  
 Due to \_\_\_\_\_  
 Due to **93<sup>rd</sup>**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years **86** Months **8** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **FULTON MISSISSIPPI**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **AT HOME**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **WILLIAM H. HARRIS**  
**13. Birthplace** **VIRGINIA**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **ELIZABETH MOORE**  
**15. Birthplace** **MISSISSIPPI**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**16. (a) Informant** **MR. REX H. DYER**  
**(b) Address** **7314 VIRGINIA AVENUE**  
**17. (a) BURIAL** (Burial, cremation, or removal) (b) Date thereof **SEPT 25 1944**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation **MEMORIAL PARK CEM.**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**18. (a) Signature of funeral director** **D. H. Newcome, Inc.**  
**(b) Address** **1401 BRUSH CREEK BLVD**  
**19. (a) 9-25-44** (Date received local registrar) (b) **D. C. Brown** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** **Sept Jones** (M. D. or other) \_\_\_\_\_  
**80 - r. Paris** Address Date signed \_\_\_\_\_

8061 Opava  
2-5  
Bureau of Health - KC

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*E Oscar Tostky*

Licensed Embalmer No. 1767

P. O. Address KC Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**